



## FORM W-2

W2 Exemption Form Revised 8/05

### APPLICATION FOR EXEMPTION FROM VIRGINIA COMPULSORY MINIMUM TRAINING STANDARDS

Section 9.1-116, Code of Virginia (1950), as amended

Submit within 30 days of employment to:

Department of Criminal Justice Services, 202 N. Ninth Street, Richmond, VA 23219

NOTE: Employing Agency and Applicants must complete Parts A, B, D, E, F on both sides of this application

#### A. IDENTIFICATION

Applicant's Name: (Last, First, Middle Initial)

Social Security Number:

Title or Rank:

Date of Birth:

Employment Date:

Employing Department:

#### B. TYPE OF EXEMPTION (Please check one)

☐ Law Enforcement Officer

☐ Dispatcher

☐ Court Security/Process Server

☐ Jailor or Custodial Officer

☐ Corrections Officer, Department of Corrections

**COMPLETE SECTIONS D, E, F ON REVERSE SIDE**

#### C. DCJS ACTION (DCJS Use Only)

##### ☐ 1. Approved Upon Conditions:

Exemption approved upon completion of:

a. Options: \_\_\_\_\_

b. Options to be completed by: \_\_\_\_\_

c. Field training/On-the-job training required: ☐ Yes (form attached) ☐ No (Refer to DCJS website for current form)

d. Certification Examination required: ☐ Yes ☐ No

e. Notification of compliance submitted to this office by: \_\_\_\_\_  
(Form 41 Reporting Roster or letter from Academy Director)

##### ☐ 2. Exemption Not Approved:

Reason(s): \_\_\_\_\_

Date

DCJS Authorized Signature

Title

cc: Employing Agency, Applicant, Field Coordinator, DCJS Records

## D. FORMER EMPLOYMENT

List all previous employment as a criminal justice officer/dispatcher starting with the most recent.

| EMPLOYER | BEGIN DATE | END DATE | POSITION |
|----------|------------|----------|----------|
|          | / /        | / /      |          |
|          | / /        | / /      |          |
|          | / /        | / /      |          |
|          | / /        | / /      |          |
|          | / /        | / /      |          |

## E. TRAINING

Please list all criminal justice basic (**ENTRY-LEVEL**) courses completed

| NAME OF BASIC COURSE | COMPLETION DATE | ACADEMY ATTENDED |
|----------------------|-----------------|------------------|
|                      | / /             |                  |
|                      | / /             |                  |
|                      | / /             |                  |
|                      | / /             |                  |
|                      | / /             |                  |

## F. CERTIFICATION

I certify that the preceding statements are true and correct

/ /

*Date*

*Signature of Applicant*

I certify that the above statements are correct to the best of my knowledge. Based upon a thorough background investigation, I have determined that this individual has demonstrated sensitivity to cultural diversity issues during previous employment. This individual meets the standards set forth in §9.1-116 of the Code of Virginia. I request an exemption for the compulsory minimum training as designated for the above named employee. ☐ Yes ☐ No

A Form 21 or Form 31, as applicable, has been previously submitted or is attached. ☐ Yes ☐ No

/ /

*Date*

*Signature of Agency Administrator*

Name of contact person:

E-mail address:

Phone No.

— —

FAX No.

— —

## G. VERIFICATION (DCJS Use Only)

Employment and training status verified:

*Staff initials and date*

Training: DCJS Records

Out of State:

*Name*

Logged out and mailed:

*Staff initials and date*

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